

# GENERAL FACT SHEET

03R-284

BILL NUMBER

## BRIEF TITLE

MMRS Pharmaceutical

Stockpile Agreement

## APPROVAL DEADLINE

## REASON

## DETAILS

## POSITIONS/RECOMMENDATIONS

<p>The MMRS Pharmaceutical Stockpile Agreement will allow the Lincoln-Lancaster County Health Department to maintain a stockpile of antibiotics for use in an emergency. The agreement allows for the stockpile to be rotated, at no cost to the City, to maintain an effective stockpile. This agreement will meet and exceed the requirements of the MMRS Contract dated August 15, 2001.</p>	Sponsor	
	Program Departments, or Groups Affected	All automated departments
	Applicants/Proponents	<p>Applicant</p> <p>City Department</p> <p>Other</p>
	Opponents	<p>Groups or Individuals</p> <p>Basis of Opposition</p>
<p>Discussion (Including Relationship to other Council Actions)</p>	Staff Recommendations	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	BY <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

DETAILS		POLICY/PROGRAM IMPACT	
	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____ _____	
	OPERATIONAL IMPACT ASSESSMENT	_____ _____ _____	
	FINANCES		
	COST AND REVENUE PROJECTIONS	COST of total project: \$ _____	
		COST of this Ordinance/ Resolution \$ _____	
		RELATED annual operating Costs \$ _____	
		INCREASE REVENUE EXPECTED/YEAR \$ _____	
SOURCE OF FUNDS	CITY [Approximately]		
	\$ _____	% _____	
	\$ _____	% _____	
	\$ _____	% _____	
	NON CITY [Approximately]		
	\$ _____	% _____	
	\$ _____	% _____	
	\$ _____	% _____	
BENEFIT COST			
<input type="checkbox"/> Front Foot		Average Assessment	
<input type="checkbox"/> Square Foot		\$ _____	\$ _____

APPLICABLE DATES:

FACT SHEET PREPARED BY:     Bruce D. Dart, Health Director *Bruce D. Dart*

REVIEW BY:

REFERENCE NUMBER